

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
Office of the Medical Director
Indigent Medications Program (IMP)
Coordinator-Suzane Wilbur
213-509-3967
213-738-2060

RISPERIDONE/RISPERDAL CONSTA

Client Eligibility Criteria:

Must live in US. Citizenship not required.
Does not have benefits, e.g., SSI, Medi-Cal, HMO, etc.
May receive General Relief or Interim Funding.
Has no prescription coverage. Medicare ok.

Janssen Process:

First application good for 4 months. (Reminders will be sent after 3 months.)
Second application good for 8 months. (Reminders will be sent after 7 months.)
Notify Janssen if client receives benefits or financial situation changes.

Checklist:

- ___ PAP identifier "Y-PAP" is entered into client's IS Financial Screen in HMO/PHP field.
- ___ A Treatment Authorization Request (TAR) is faxed to Art Schlichting, DMH Pharmacist, at **213-637-2550**.
- ___ MD has completed and signed Risperidone PAP application Form. Please request a **four months' supply of CONSTA from the PAP. (Request an 8 month supply on the second application.)**
- ___ ~~Risperidone prescription for one months' supply of medication is entered into PATS.~~
- ___ ~~Make sure the PAP identifier is in the MIS or IS prior to entering this prescription.~~
- ___ **DO NOT ENTER A PATS PRESCRIPTION FOR CONSTA THAT IS OBTAINED THROUGH THE PAP.**
- ___ DMH form Authorization for Use or Disclosure of Protected Health Information (PHI) is explained and client has signed. (This form is filed in client's chart; do not fax to Pharmacy Services.)
- ___ Risperdal PAP application form is explained and client has signed.
- ___ Risperdal Authorization to Share Health Information for Reimbursement or Patient Assistance Programs form is explained and client has signed.

Procedure:

- ___ Risperdal PAP application forms, including Authorization to Share Health Information for Reimbursement or Patient Assistance Programs form and copy of DMH PFI, is faxed to Janssen, **888-526-5170**.

___Risperdal PAP application form (form only) is faxed to DMH Pharmacy Services, **213-637-2550**.
(Please write MIS# on this copy.)

___Risperdal PAP original application forms are filed in central location in clinic.

___Janssen will call to notify the clinic prior to the delivery of the CONSTA per “cold chain” procedure.

___Injection is logged on the medication log and entered into PATS as an injection administered.

___Date is entered into appropriate section of DMH form Account Tracking Sheet.